

On February 3, 1942, Dr. Hamden L. Forkner spearheaded the effort to create the first FBLA chapter in Johnson City, Tennessee. Dr. Forkner envisioned a national organization that would train high school students in the real-life aspects of the professional business world, and also develop their leadership, self-confidence, and patriotism. The FBLA concept quickly expanded, and membership grew many times over.

In 1958, the benefits of FBLA were extended to postsecondary students with the creation of Phi Beta Lambda. This professional business organization seeks to ease the transition from school to work for thousands of students by providing training in business leadership skills and connecting students with current industry leaders.

Over the years, FBLA-PBL has grown to encompass two additional divisions: a Professional Division, founded in 1989, for their partners, supporters and alumni; and the Middle Level, founded just a few years ago, which connects middle school and junior high students with basic leadership and business principles.

The mission of the FBLA-PBL is to bring business and education together in a positive working relationship through innovative leadership and career development programs. They accomplish this through a variety of national programs, including seven national leadership conferences, over seventy competitive events, strategic business partnerships, career expos, and community service.

Mr. President, in the past fifty-three years, FBLA-PBL has trained literally millions of today's leaders in American business. For fifty years now, Louisiana has benefited from the FBLA-PBL and today, there are approximately 7,000 members in my home state. I am proud to say that the National Phi Beta Lambda President is from Louisiana. This is truly an organization that has made a positive impact on my home state as well as on our country, proving that our youth are ready, willing, and able to take the reins of leadership and help guide us toward a brighter tomorrow. With over 240,000 members annually, FBLA-PBL is a shining example of what makes America great, and I am pleased to have this opportunity to recognize them for their efforts. I would like to take this opportunity for all of us to recognize and remember that FBLA-PBL has done a tremendous service for this country.●

#### HONORING THE HEROIC EFFORTS OF JOHN BENSCHIEDT

● Mr. CRAIG. Mr. President, all too often, we hear frightening stories about today's young people. I think it's important to remember that not all of them deserve that bad reputation. In fact, many—if not most—of our young people step up to the responsibility of caring for their communities and fellow citizens. I would like to take this

opportunity to tell you about a heroic young Idahoan, John Benschiedt, who courageously saved the life of eight year-old Douglas Schedler. This remarkable youth responded to an emergency situation with the speed of a trained professional.

John Benschiedt was the only person to witness the heavy snow pile cascade off a condominium roof at Schweitzer Mountain and quickly bury a small child standing nearby. Without hesitating, John began digging with his snow board, trying to reach little Douglas trapped under five feet of snow. John's calls for help caught the attention of others in the area, who assisted in John's efforts to save the boy. After frantic minutes of searching, the child was retrieved and taken to Bonner General Hospital, where he was treated and released without serious injuries.

We are all grateful that John had the presence of mind to act quickly in a life-threatening situation. The inherent characteristics John demonstrated during this incident reflect a strong upbringing and profound awareness of human value. Let him serve as a reminder to all of us that we have exceptional youth in this country who contribute greatly to our communities and to our lives. It gives me great pleasure to honor such a fine young man.●

#### RADIATION EXPOSURE

● Mr. HARKIN. Mr. President, today I want to recognize those Americans who were exposed to radiation fallout from government testing of nuclear weapons in the 1950's, the effects of which are still being studied.

I was recently contacted by Karen Anderson and her two children, Leah and Seth, who are constituents of mine from Urbandale, Iowa. Included in their correspondence was a moving and touching tribute to Bob Anderson, their husband and father, who, after a lengthy and courageous battle, succumbed to cancer on September 7, 1996. As someone who grew up in Iowa and lost two sisters and a brother to cancer, I understand and empathize with their situation.

The letters, photos and other personal materials that made up a bound volume memorializing the life and struggle of Mr Anderson displayed the obvious affection and love he felt for everyone and that he received in return. In fact, dozens of friends and relatives signed the notebook in tribute to Bob Anderson. It is always a tragedy when someone is taken from us when they have so much left to offer. There is no doubt he will be greatly missed by all.

The anguish of the Anderson family was compounded by the circumstances surrounding the cause of Mr Anderson's cancer. Atomic bomb tests in Nevada during the 1950's exposed millions of Americans—particularly children—to large amounts of radioactive Iodine-131, which accumulates in the thyroid gland and has been linked to thyroid

cancer. "Hot Spots"—where the Iodine-131 fallout was the greatest—were identified as receiving 5–16 rads of Iodine-131.

To put that in perspective, Federal standards for nuclear power plants require that protective action be taken for 15 rads. To further understand the enormity of the potential exposure, consider this—116 million curies of Iodine-131 were released by the above ground nuclear weapons testing in the United States compared with 7.3 million from the Chernobyl nuclear power plant disaster in the former Soviet Union. Exposing our citizens to these risks is unacceptable.

The "Hot Spots" included many areas far away from Nevada, including New York, Massachusetts and Iowa. Due to the character of Iodine-131, those exposed to the highest concentrations were those who drank large amounts of milk from cows that grazed in fields with radiation fallout. Because their thyroids are smaller and still growing, children were most vulnerable.

Mr. Anderson grew up in Iowa in Woodbury County, an area noted as a hot spot by the National Cancer Institute (NCI). He also suffered from Thyroid cancer. It is understandable that his family now wonders whether his cancer could have been detected and treated more effectively if the NCI information was known earlier.

This hits very close to home for me. During the 1950's, like Bob Anderson, I was living in a rural Iowa county which has now been identified as a "Hot Spot" by the long delayed National Cancer Institute study. Along with many Iowans, I drank milk from cows kept on the farm. This increased the risk faced by myself and my family because of the accumulation of radioactive iodine in milk.

When it comes to the government and nuclear testing, history shows the problem hasn't just been a fallout of radiation, but withholding of facts which may be detrimental to the public health. Information has come to light that government officials were aware that fallout from nuclear testing would contaminate areas that were hundreds, even thousands, of miles away. Additionally, it is outrageous that the government provided maps and forecasts of potential radioactive contamination to the Kodak film corporation during the 1950's and not to the American public. As I've said before, if we could protect a roll of film, we should have protected the parents and children.

On October 1, 1997, the Senate Labor, Health and Human Services Appropriations Subcommittee held hearings where I raised questions about Iodine-131 fallout and its impact on our nation's citizens. I am working with NCI and other federal health agencies to ensure that useful and timely guidelines on the health impacts of radioactive fallout from nuclear weapons testing gets to physicians and concerned scientists. Although NCI has started this process, a lot more needs to be done.

There is strong evidence that exposure to other radioactive isotopes, such as strontium 90, cesium 137, and barium 140, which were also spread by nuclear testing, could lead to bone cancer, leukemia, higher infant mortality, and a host of other illnesses. This needs to be examined. So do the nuclear weapons tests that took place in other parts of the United States and around the world. I am hopeful that my colleagues will support legislation I have introduced, S.1524, which continues the study of the health impacts of nuclear fallout. I feel this is important legislation that needs to become law this year.

I am grateful to the Anderson family for sharing their highly personal and powerful story of the struggle with Bob's illness and the lack of forthcoming information on the potential exposure to radiation fallout in the 1950's. A story like the Anderson's underscores the need for accurate and timely dissemination of information to protect the public health.

Mr. President, I ask to include a letter from the Anderson family in the RECORD.

The letter follows:

*Urbandale, IA, January 20, 1997.*

Hon. TOM HARKIN,

*U.S. Senator, Federal Building, Des Moines, IA.*

DEAR SENATOR HARKIN: My name is Bob Anderson. My family has been reading with great interest the newspaper articles that have appeared in the Des Moines Register regarding the radioactive fallout that resulted from the more than 90 atomic bombs detonated above and below ground between 1951 and 1970. I was born in Woodbury County on October 3, 1952 and lived there until I left to attend college in 1970. As you are aware, Woodbury County received moderate levels of radioactive fallout (6.1 rads) from the above-ground atomic bomb tests between 1951 and 1962, and was one of four counties to be repeated in the list of Iowa counties receiving radiation from underground nuclear tests (1960-1970).

In October 1992, at the age of 40, I noticed a large lump in my neck and showed the lump to my family physician during my annual physical exam. He told me that the lump was just a fat deposit and to go home and not worry about it. About six months later, I mentioned the lump to my wife and she advised me to see a specialist as soon as possible. In March of 1993, I went to an ear, nose and throat specialist who spent several weeks performing a needle biopsy with no results. In April of 1993, I underwent a thyroidectomy. The surgeon removed only the side of my thyroid which contained the tumor. Two weeks later the final biopsy confirmed the 2½ centimeter tumor was malignant. I then saw an oncologist who advised me the other side of my thyroid should be removed immediately so I could start my radioactive iodine treatments to rid my body of any remaining cancerous thyroid tissue. I visited another surgeon to remove the remaining thyroid. He was very apologetic but said that he could not remove the rest of my thyroid until my incision was completely healed which would take six more months. From the time I first showed the lump to a physician until the time that I received my radioactive thyroid treatments for cancer, over one year had elapsed.

My family wonders if the information from the National Cancer Institute had only been released earlier, if my physicians would have

taken a more serious approach to the "fat deposit" in my neck. The also wonder if this information had been made available to the public earlier, if I would have been so trusting of my doctors' opinions. Many wrong choices and assumptions were made in regard to my thyroid cancer. Knowledge is power and without the knowledge of the exposure I had as a youth to the radioactive fallout, I was rendered powerless.

In 1996 I was diagnosed with multiple myeloma, a very deadly cancer. I went to the University of Iowa Hospital and found out that I had had the multiple myeloma at the same time that I had the thyroid cancer. In order to survive, I would have to undergo a bone marrow transplant. Because I was adopted, I could not find a related bone marrow donor. An unrelated donor was located, and in July of 1996 I received my bone marrow transplant. On September 7, 1996, in spite of the love and prayers of family and friends, I died from rejection of the transplant.

After my death, my wife, Karen, saw Dr. Andrea McGuire (nuclear medicine physician) interviewed on TV13. When Dr. McGuire told about her three in-laws from Woodbury County who had all developed thyroid cancer, my wife decided to call her to share my story. One of Dr. McGuire's relatives was born the same year that I had been born (1952) and also developed cancer at age 40 like me. My wife read to Dr. McGuire a portion from a National Cancer Institute publication entitled, "What You Need to Know About Multiple Myeloma." In that publication, under the subheading, "Possible Causes," it states, Some research suggests that certain risk factors increase a person's chance of getting multiple myeloma. \* \* \* In addition, people exposed to large amounts of radiation (such as survivors of the atomic bomb explosions in Japan) have an increased risk for this disease. Scientists have some concern that small amounts of radiation (such as those radiologists and workers in nuclear plants are exposed to) also may increase the risk." Dr. McGuire not only agreed my multiple myeloma was caused by the radioactive fallout but even told my wife that the radionuclide strontium 89 would have been directly responsible since it collects in the bone marrow after it is ingested by the body.

The main purpose of my letter is to let you know my family believes that I was a victim of radioactive fallout. I, like millions of others, was an innocent infant when the atomic bomb tests were being conducted. I can't think of anything more evil than a government that would intentionally contaminate their own population, especially babies and small children.

I have enclosed some photos of myself and my family. I want you to see what I looked like as a small child when the atomic bombs were being detonated. I want you to see that I was a caring son, wonderful brother, loving husband, adored father and I treasured friend.

Since I could not write this letter for myself, my family and friends decided to write it for me. I hope you don't mind that they have signed it for me also.

Senator Harkin, please keep fighting for the truth. Only when the American people have the whole truth, will they have the power and control over their own lives. It is my hope that this letter will encourage the release of all information that the government has regarding radioactivity and it's connection with all forms of cancers. It is also my prayer that this information may help others.

Senator Harkin, please don't forget me. Please don't let my death be in vain.

In Loving Memory of Bob Anderson,  
KAREN ANDERSON, *Widow.*  
LEAH ANDERSON, *Daughter.*  
SETH ANDERSON, *Sen.*•

#### TELECOMMUNICATIONS ACT OF 1996

• Mr. THOMAS. Mr. President, Sunday, February 8 marked the second anniversary of the signing of the landmark Telecommunications Act of 1996. As we take this opportunity to reflect on the state of telecommunications reform, I rise to share my concerns with the implementation of a critical provision of the historical law—the provision dealing with universal telephone service.

The Telecommunications Act of 1996 ordered the overhaul of the estimated \$23 billion in subsidies currently used to fund universal telephone service. Congress intended all implicit subsidies to universal service to be removed from rates and transferred to a new explicit Universal Service Fund to be supported equally by all carriers.

In the face of declining telephone rate support, through federally mandated access charge reduction and new competitors targeting the most profitable markets and services, a sustainable universal service support mechanism is ever more important. I view with great concern the Federal Communication Commission's (FCC) current formula for universal service support: twenty-five percent of funding from federal sources and seventy-five percent from each state.

Many states, like Wyoming, clearly are not in a position to bear seventy-five percent of the universal service burden alone. Universal service is a shared state-federal responsibility. The best approach to fulfill Congress' intent and ensure affordable phone service in all corners of the country is to create a national universal service fund that ensures support reaches where it is needed most.

The fund should be based on interstate and intrastate telecommunications revenues and cover one-hundred percent of the subsidy needed to keep phone rates affordable for customers in rural and high-cost areas. With a national fund, all telecommunications service providers would contribute a portion of their revenues to support reasonable rates across the country. In other words, service providers in more urban, low-cost areas would help support affordable phone service in rural, high-cost areas.

Leaving seventy-five percent of the funding responsibility to the states would place a disproportionate burden on consumers, service providers and utilities commissions in rural states like Wyoming. Such a burden could result in higher phone rates and reduce network investment—both of which would have a chilling effect on economic development opportunities. Since telecommunications is a vital element of commerce, disparate universal service surcharges on communications services between states